

APR 12 2002

## PART B - FEE(S) TRANSMITTAL

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7590  
**McDermott Will & Emery**  
**600 13th Street NW**  
**Washington, DC 20005-3096**

02/21/2002

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/463,144	01/20/2000	Shinji Umeda	43890-392	5905

TITLE OF INVENTION: METHOD OF MANUFACTURING SENSOR AND RESISTOR ELEMENT

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
13	nonprovisional	NO	\$1280	\$0	\$1280	05/21/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
LATTIN, CHRISTOPHER W	2812	438-054000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McDERMOTT, WILL

1. E. EMERY

3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD. Osaka, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies

4

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- A check in the amount of the fee(s) is enclosed.  
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 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 500417 (enclose an extra copy of this form).

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(Authorized Signature)

Michael E. Fogarty, Reg. #36,139 4/12/2002 (Date)

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